



DEPARTMENT OF PUBLIC WORKS, PERMITS & INSPECTIONS DIVISION
505 TRAVIS STREET, SUITE 130, SHREVEPORT, LOUISIANA 71101
PHONE 318-673-6142 OR 318-673-6116 FAX 318-673-6112
Website: www.shreveportla.gov

APPLICATION FOR: PLUMBING PERMIT

DATE: _____

Any person who performs plumbing work as defined by the Louisiana Plumbing Law, R.S. 1377, shall possess a license issued by the Louisiana State Plumbing Board. A Master Plumber shall properly designate is employing entity to the Board. Any questions concerning compliance shall be addressed to the Board.

PERMIT#: _____

BLDG PERMIT #: _____

Job Location (Address) _____

Bldg# _____ Suite# _____ Apt# _____ Lot# _____

TYPE OF WORK: Residential Addition Commercial Repair New Other _____

Owner/Contractor: _____

PAYMENT: _____ Cash/Check _____ Trust Account _____ Credit Card on Record

CARD TYPE: _____ CARD#: _____ EXP: _____

Name on Card: _____

CHECK ALL WORK BEING DONE:

INSPECTONS REQUIRED

FIRE MAIN

REGISTRATION

1ST ROUGH

GAS

SEWER

2ND ROUGH

PLUMBING

WATER

PARTIALS

P-TRAP (POOL)

WATER HEATER

FINAL

VACCUM BREAKER

WATER TAP/METER

SPRINKLER

BACKFLOW PREVENTER

TOTAL INSPECTIONS: _____

BACKFLOW PREVENTER - TEST ONLY

CAP OFF

TEMP

PERMANENT

SEWER

WATER

OTHER (DESCRIBE) _____

TOTAL COST OF PERMIT FEES: _____ + _____ + _____ = _____
Registration- \$30.00 Stand Alone - \$30.00 Inspections- \$65.00/ea Total

REINSPECTION FEE: \$65.00

DOUBLE FEE & PENALTY: \$60.00 + \$50.00 = \$110.00

CERTIFICATION

I, the (owner, contractor, authorized agent) hereby agree to comply with the City of Shreveport Codes and Ordinances applicable to all work described hereon and to all plans and specification attached hereto. I also agree to and certify that the cost information is true and correct. It is further agreed that any code requirement missed during the initial plan review will be immediately complied with upon notice. I further certify I (am/am not) a resident individual corporation, partnership, association or other legal entity within the State of Louisiana as defined by LRS 47.9A(2).

APPLICANT: _____

Print or Type

ADDRESS: _____ PHONE#: _____

EMAIL ADDRESS: _____ FAX#: _____

MASTER PLUMBER SIGNATURE: _____

WSPS SIGNATURE: _____ CERT#: _____

NO REFUNDS AFTER 60 DAYS

REV 08/05/2015